

CADCA

Community Anti-Drug Coalitions of America

Prescription Drug Abuse Prevention Initiative Community Survey October 2001

Conducted with unrestricted educational grant from The Purdue Pharma Fund

Submitted by:

Community Anti-Drug Coalitions of America
901 N. Pitt Street, Suite 300
Alexandria, Virginia 22314

March, 2002



Background

Prescription drug misuse, abuse and addiction is a growing problem in the United States. According to the National Institute on Drug Abuse (NIDA), an estimated 9 million people aged 12 and older used prescription drugs for nonmedical reasons in 1999; more than a quarter of that number reported using prescription drugs nonmedically for the first time in the previous year. This dangerous trend must be addressed and reversed to prevent further harm to individuals impacted by the problem. There are a number of programs being developed to: 1) assist medical professionals in identifying misuse and abuse among their patients, 2) educate pharmacists regarding enforcement of regulations regarding prescriptions, and 3) inform parents and other adults about the risk of abuse of prescription drugs by youth. However, additional attention must be paid to the development of comprehensive, community-wide approaches to address the problem.

Community Anti-Drug Coalitions of America (CADCA) is a national non-profit organization representing over 5,000 community anti-drug coalitions working to build safe, healthy and drug-free communities. Community coalitions create comprehensive, community-wide approaches that prevent, reduce, and treat substance abuse and related problems. CADCA's member coalitions have reported an increased concern about the growing problem of prescription drug abuse in their communities.

In December 2000, CADCA and Purdue-Pharma L.P., a national leader in the development and distribution of medications for the treatment of patients in pain, created a forum at which community leaders could talk about the problems associated with prescription drug abuse and how such challenges could be addressed. Fifteen anti-drug coalition leaders from across the country were brought together for a three-hour session. Their purpose was to:

- Talk about the challenge of prescription drug abuse in their communities.
- Identify messages, methods, and materials on how to better educate the public, including school nurses and other healthcare providers, on the abuse of such drugs.

This focus group indicated that coalitions are concerned about prescription drug use and abuse. During the session, they answered some questions, but also raised more questions and areas of concern. To further gauge the scope and nature of the prescription drug misuse and abuse problem at the local level and to ascertain what coalitions are doing to address it, CADCA conducted a *Prescription Drug Abuse Community Survey* in October 2001.

The *Prescription Drug Abuse Community Survey* was designed to assess the awareness in the field about the issue, determine the depth of the problem in certain communities, and evaluate the progress communities are making in reducing and preventing prescription drug misuse, abuse, and addiction. This report summarizes the findings from the survey and discusses recommendations for the field to focus the local, state, and national efforts underway to address this emerging problem.

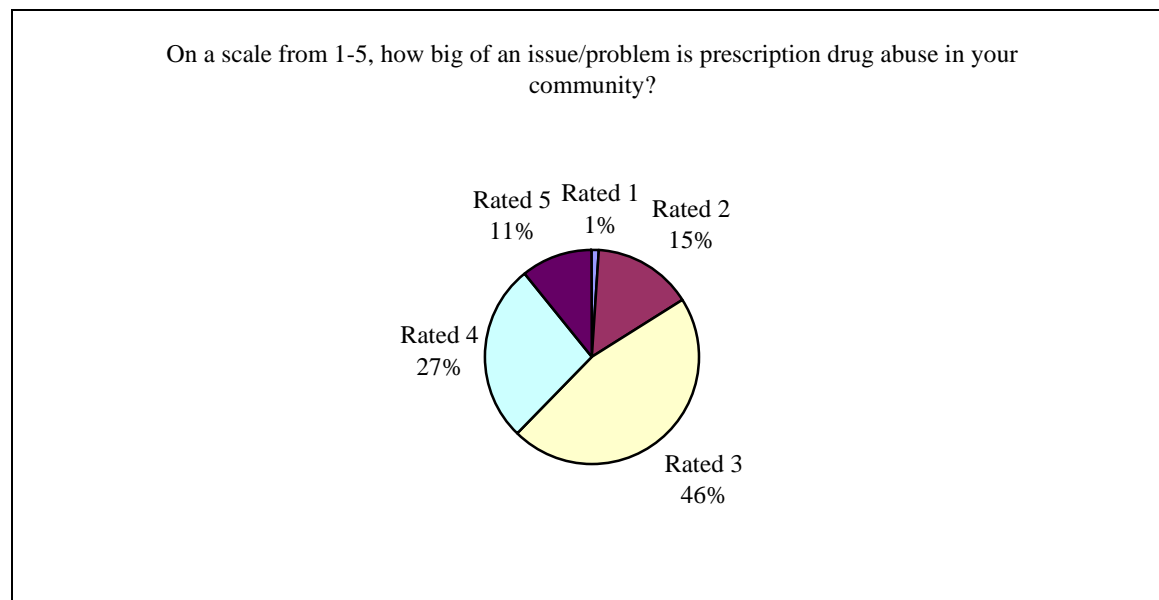
Methodology

The *Community Survey* was sent to a representative random sample of community coalitions throughout the United States in October 2001. Coalition leaders were asked to return the survey to CADCA. As an incentive they were given a VHS copy of *Prescription Drugs: Misuse, Abuse, and Addiction*, a satellite downlink tape produced by CADCA in partnership with the National Guard Bureau's Counterdrug Training program that aired on May 31, 2001. A reminder was sent out at the end of October 2001 via broadcast fax. Follow-up phone calls were made the week of November 12, 2001. The final results were compiled using data received from 212 community anti-drug coalitions, yielding results that have a confidence interval of $\pm 6.1\%$.

Forty-two states were represented in the survey. The others (AK, DE, HI, ID, MA, NE, NV, ND, RI) had coalitions that did not respond to the survey and the follow-up contacts. The results are summarized below.

Summary of Findings/Key Results

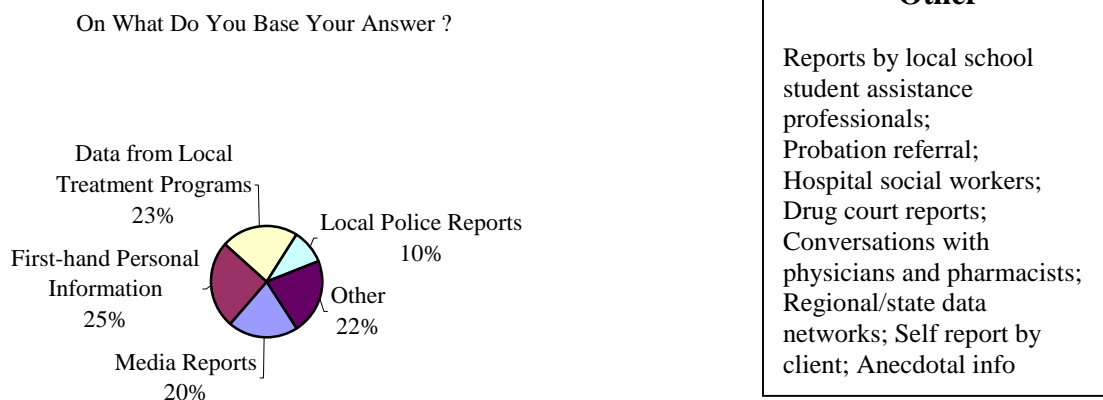
Community coalitions were asked to rate on a scale from 1-5, one equated "non-issue" and five equated "big issue," how big of an issue/problem prescription drug abuse is in their community. On average, most rated it in the middle (three); however, 38% of the respondents gave it a four or five.



Prescription Drug Abuse Prevention Community Survey

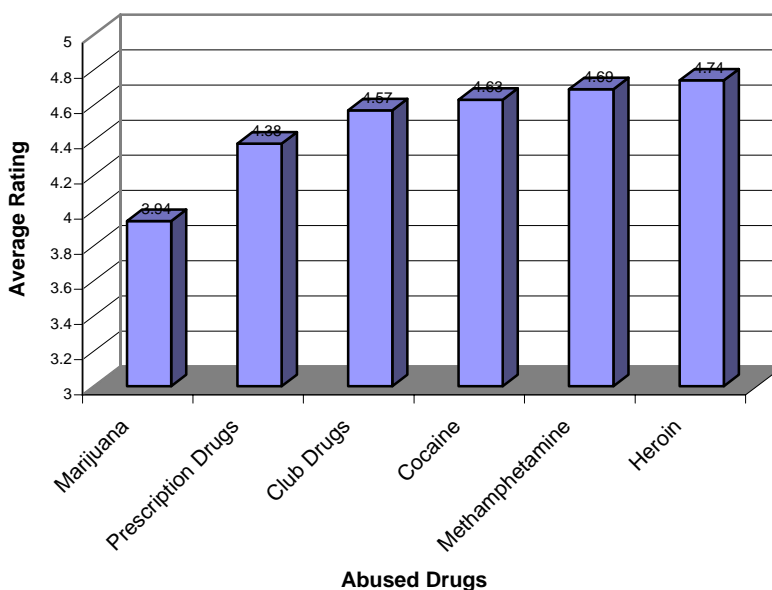
Twenty-two coalition (approximately 11%) respondents rated prescription drug use as “a big issue.” These coalitions were in the following states -- AL, AZ, FL, ME, NH, NM, PA, TX, WA, WI, WV. Nearly two-thirds of them reported that they were “vaguely aware” (general belief that there is a problem, but no immediate motivation to do anything) of the problem. One-third of the coalitions are addressing the issue in some manner. Over half reported not having a prescription drug abuse prevention initiative, but being interested in information to start one.

The participants’ response to the previous question was based on a number of factors. The top three include: first-hand personal information, data from local treatment programs, and media reports.



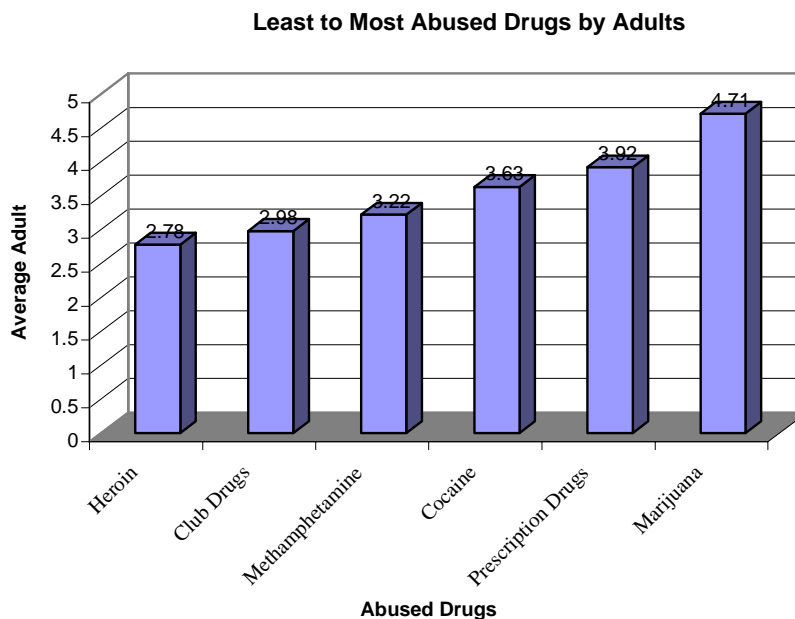
In general, respondents felt all the drugs mentioned in the survey were harmful. However respondents did not perceive prescription drugs to be as harmful as club drugs, cocaine, methamphetamine, and heroin.

How Would You Rate Each Drug in Terms of Harmfulness?

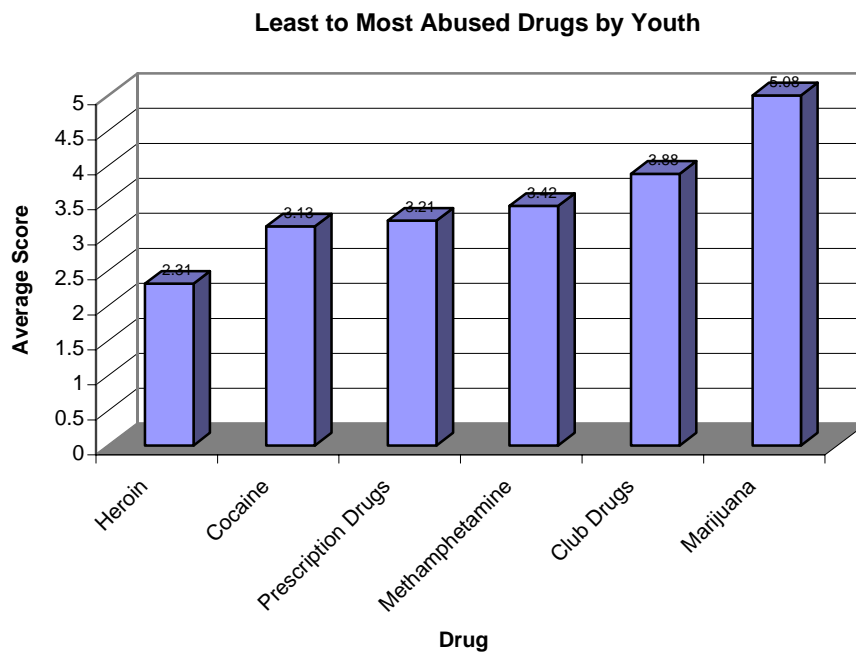


Prescription Drug Abuse Prevention Community Survey

The chart below shows the respondents ratings of the listed drugs in order from least to most abused by adults (18 years and older) in their community.



The results were similar for youth (under 18 years).



Prescription Drug Abuse Prevention Community Survey

When asked, “Does your coalition have a prescription drug abuse prevention initiative?” nearly half responded “No, but we are interested in information to start an initiative.”

1. Yes, it is our primary focus	3.45%
2. Yes, but it is not our primary focus	15.52%
3. No, however, another organization in our community addresses the issue	8.62%
4. No, our coalition does not address that problem/not part of our mission	25.86%
5. No, but we are interested in information to start an initiative	46.55%
Average	3.97

What is community readiness and why is it important?

Community readiness is the extent to which a community is adequately prepared to implement a drug abuse prevention program. A community must have the support and commitment of its members and the needed resources to implement an effective prevention effort. Because community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced. The nine stages of community readiness are discussed in-depth in Appendix A. (NIDA, 1997)

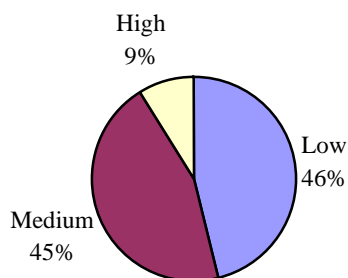
Nearly half of the respondents reported being vaguely aware (general belief that there is a problem, but no immediate motivation to do anything).

What stage of community readiness is your community in to combat prescription drug abuse?

	Percentage	Rank
1 Community Tolerance/No Knowledge	21.30	2
2 Denial	18.94	3
3 Vague Awareness	49.11	1
4 Preplanning	5.92	4
5 Preparation	2.37	5
6 Initiation	0.000	8
7 Institutionalization/Stabilization	0.59	7
8 Confirmation/Expansion	1.18	6
9 Professionalism	0.59	7
Average	2.64	

The majority of the surveyed coalitions reported having a low to medium capacity to combat prescription drug abuse.

How Would You Describe Your Coalition's Capacity to Combat Prescription Drug Abuse?



According to the surveyed community coalitions, the three major factors that contribute to prescription drug abuse are:

- Lack of public education about prescription drug abuse (26%)
- Individuals who self-medicate/abuse prescription medications because of their existing addiction (23%)
- doctors who over-prescribe or prescribe too readily (21%).

These factors were followed by:

- Poor communication among multiple medical practitioners;
- A market for prescription drugs created by media, print, and broadcast;
- Overly aggressive pharmaceutical sales representatives

Recommendations To The Field

The findings from the *Prescription Drug Abuse Community Initiative Survey* suggest that coalitions are aware of the importance of addressing prescription drug abuse in their community. The results also indicate that some coalitions are actively engaged in educating the community and providing services to individuals and families in need.

More than any other entity, community coalitions--are poised to connect multiple sectors of the community, including businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies, and the government. By working together through the coalition, all of the partners gain a more complete understanding of the community's problems. Together, the partners organize and develop plans and programs to coordinate their anti-drug efforts. The result is a comprehensive, community-wide approach to substance abuse and its related problems. To effectively address prescription drug misuse and abuse, CADCA offers the following recommendations to its members:

- Coalitions should ensure that their *needs assessment* process includes formal data gathering *regarding prescription drug misuse and abuse*.
- Coalitions should be *aware of resources and organizations* within their community that are *working on the prescription drug misuse and abuse issue* and make sure they are an active part of the coalition.
- Coalitions should take an *active role in educating the community* about the dangers of prescription drug misuse and abuse.
- Coalitions should *maintain a directory of treatment facilities* that are prepared to provide treatment services to individuals misusing or abusing prescription drugs.
- Coalitions should *advocate for proper enforcement of all laws and regulations* regarding the distribution and management of prescription drugs. This goal can be achieved by working with local pharmacists and medical professionals.

CADCA looks forward to working with its member coalitions and the field at large to reduce the threat of the emerging prescription drug abuse problem. Please continue to visit the CADCA website for more information on the Prescription Drug Abuse Prevention Community Initiative.

Appendix A

Nine Stages of Community Readiness

Excerpt from Community Readiness for Drug Abuse Prevention: Issues
Tips and Tools, 1997, NIDA

What is community readiness and why is it important?

Community readiness is the extent to which a community is adequately prepared to implement a drug abuse prevention program. A community must have the support and commitment of its members and the needed resources to implement an effective prevention effort. Because community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced.

Through extensive research on community development and substance abuse prevention efforts, Oetting and colleagues (Oetting et al. 1995) have identified nine stages of readiness through which communities develop; the higher the stage of development, the greater the degree of readiness. The following are descriptions of the nine stages and the characteristics of communities at each stage:

Stage 1: Community Tolerance/No Knowledge

Community norms actively tolerate or encourage the behavior, although the behavior may be expected of one group and not another (e.g., by gender, race, social class, or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of community norm. Those who do not engage in the behavior may be tolerated, but might be viewed as somewhat deviant.

Stage 2: Denial

There is usually recognition that the behavior is or can be a problem. Community norms usually would not approve of the behavior, but there is little or no recognition that this might be a local problem. If there is some idea that it is a problem, there is a feeling that nothing needs to be done about this locally, or that nothing can be done about it.

Stage 3: Vague Awareness

There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to a specific incident or two. There is no immediate motivation to do anything. No identifiable leadership exists, or leadership lacks energy or motivation.

Stage 4: Preplanning

There is clear recognition that there is a local problem and that something should be done about it. There is general information about local problems, but ideas about etiology or risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning.

Stage 5: Preparation

Planning is going on and focuses on practical details. There is general information about local

problems and about the pros and cons of prevention programs, but it may not be based on formally collected data. Leadership is active and energetic. The program may have started on a trial basis. Funding is being actively sought or has been committed.

Stage 6: Initiation

Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff is in training or just finished with training. There may be great enthusiasm because limitations and problems have not yet been experienced.

Stage 7: Institutionalization/Stabilization

One or two programs are running, supported by administration, and accepted as a routine and valuable activity. Staff are trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is not much sense that the limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is not necessarily permanent funding, but there is established funding that allows the program the opportunity to implement its action plan.

Stage 8: Confirmation/Expansion

Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or tried out in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on extent of local problems and efforts are made to assess risk factors and causes of the problem.

Stage 9: Professionalization

Detailed and sophisticated knowledge of prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors and/or at-risk groups. Highly trained staffs are running programs, authorities are supportive, and community involvement is high. Effective evaluation is used to test and modify programs.

Oetting and colleagues (Oetting et al. 1995) have found that as communities achieve successively higher stages, they realize greater improvement in their degree of readiness. Therefore, to increase a community's readiness for prevention programming and thereby improve the likelihood that a prevention effort will succeed, it is important to give careful consideration to these nine stages of community readiness development during the process of conducting an objective assessment of community readiness.

Oetting, E.R.; Donnermeyer, J.J.; Plested, B.A.; Edwards, R.W.; Kelly, K.; and Beauvais, F. Assessing community readiness for prevention. *International Journal of Addictions*, 30(6):659-683, 1995. For more information and tools on community readiness contact National Technical Information Services at (800) 553-6847 and ask for the NIDA "Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools, publication number PB# 97-209605. This book is part of a 5-book packet, which costs \$83 plus \$5 handling.